

# EQUESTRIAN AUSTRALIA

## PARA EQUESTRIAN RIDER CLASSIFICATION REQUEST



**Please print clearly**

Date of Request: \_\_\_\_\_ Name of Person Making Request: \_\_\_\_\_

Relationship to Rider to be Classified (if applicable): \_\_\_\_\_

Contact Details: \_\_\_\_\_

Has the rider been classified previously? Yes / No Where & when: \_\_\_\_\_

Rider Aware of Request: ☐ YES ☐ NO | EA Membership No: | \_\_\_\_\_

### **RIDER DETAILS**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: (print) \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Other Relevant Information: \_\_\_\_\_

Dressage Club/RDA Group: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

Brief Outline of Riding Experience: \_\_\_\_\_

Please forward completed form to EA National Office  
ATTN: Stefanie Maraun, PO Box 673 Sydney Markets NSW 2129 or [stefanie.maraun@equestrian.org.au](mailto:stefanie.maraun@equestrian.org.au)